

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-979)							SERIAL NO. 09/00000000 (APPLICANT'S)	FILING DATE										
							CLAIMS											
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				*		*		*						
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1								51										
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48								98										
49								99										
50								100										
TOTAL IND.	2		5					TOTAL IND.										
TOTAL DEP.								TOTAL DEP.										
TOTAL CLAIMS	11		22					TOTAL CLAIMS										

PTO-1568 (12-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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